02737

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ANNA EMILY JEWELL ALBURGER

4. DATE OF DEATH: (Month) (Day) (Year) Mar 26 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: May 9, 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: William Joiner
14. MOTHER'S MAIDEN NAME: Mary Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. W. M. Gniecko, Denton.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 491X

Immediate cause (a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis — 6 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1953, to March 25, 1953, that I last saw the deceased alive on March 25, 1953, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE S. Paul Throtts (DEGREE OR TITLE) MD ADDRESS Denton Md DATE SIGNED 3/27/53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar 29, 1953
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) (State) Denton, Md.

DATE REC'D BY LOCAL REG. 3/27/53
REGISTRAR'S SIGNATURE Wm. D. O'George
24. FUNERAL DIRECTOR J. V. Moore & Son ADDRESS Denton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02735

CERTIFICATE OF DEATH

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 (8-53)

1. PLACE OF DEATH:
COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton Rural
LENGTH OF STAY (in this place) 10 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) DAVID (Last) BETTON

4. DATE OF DEATH: (Month) MAR (Day) 10, (Year) 1953

5. SEX: W

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov 7 1891

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Joseph Betton

14. MOTHER'S MAIDEN NAME: Mollie Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Wm. Betton, Denton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cancer of Lung	3 Mon.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Bronchitis Chronic	2 yr
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 3, 1953, to Mar 10, 1953, that I last saw the deceased alive on Mar 10, 1953, and that death occurred at 12 Noon m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Dawson D George MD Denton Md 3/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Mar. 14, 1953

NAME OF CEMETERY OR CREMATORY Denton

LOCATION (City, town, or county) (State) Denton, Md

DATE REC'D BY LOCAL REG. 3/13/53

REGISTRAR'S SIGNATURE Jno D George

24. FUNERAL DIRECTOR ADDRESS

J. Moore & Son Denton, Md.

RECEIVED
MAR 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02739

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton - Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Federalsburg - Denton Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton - Rural
STREET ADDRESS (If rural, give location) Near American Corner

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Elmer (Last) Beulah
4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 19, 1896
9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Caroline County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gabriel Beulah
14. MOTHER'S MAIDEN NAME: Clementine Haynes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-09-3112
17. INFORMANT AND ADDRESS: Louise Beulah, 1600 W. Lexington St. Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — few months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 12 Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lawson George Duly Medical Examiner, Denton Md 3/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Mar. 29, 1953
NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery
LOCATION (City, town, or county) (State): Near Concord, Maryland

DATE REC'D BY LOCAL REG.: March 28, 1953
REGISTRAR'S SIGNATURE: Margaret H. Frampton
24. FUNERAL DIRECTOR ADDRESS: J.J.Frampton and Son, Federalsburg, Md.

RECEIVED
MAR 31 1953
BUREAU V. S.

02740

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
LENGTH OF STAY (in this place) 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) A. (Last) Coley

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 25 1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 10 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ingleside Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin F. Taylor

14. MOTHER'S MAIDEN NAME: Annie E. Skinner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Emma Walker Bishopville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

153x

Immediate cause (a) Carcinoma Intestine.

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(260x) (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1953, to Mar. 23, 1953, that I last saw the deceased alive on Mar. 23, 1953, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE Charles H Stuart (DEGREE OR TITLE) ADDRESS Greensboro Md. DATE SIGNED Mar. 24 1953

23. BURIAL CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF Mar 26-53

NAME OF CEMETERY OR CREMATORY Church Hill

LOCATION (City, town, or county) Church Hill (State) Md

DATE REC'D BY LOCAL REG. Mar. 25, 1953

REGISTRAR'S SIGNATURE Mary E. Laird

24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

RECEIVED
MAR 30 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02781

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING
answers are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely; LENGTH OF STAY (in this place) 10 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgely

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely; STREET ADDRESS (If rural, give location) Ridgely

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Benjamin (Last) Colgain

4. DATE OF DEATH: (Month) Mar (Day) 8, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug 24, 1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owner

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Colgain

14. MOTHER'S MAIDEN NAME: Esther Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Georgia Colgain, Ridgely, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hemorrage — Interval Between Onset and Death: 8 wks.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerosis — 5 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1953 to Mar. 8, 1953 that I last saw the deceased alive on Mar. 4, 1953, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE Thomas O George M.D. (DEGREE OR TITLE) ADDRESS Denton Md DATE SIGNED 3/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Mar. 12, 1953

NAME OF CEMETERY OR CREMATORY Greensboro

LOCATION (City, town, or county) (State) Greensboro Maryland

DATE REC'D BY LOCAL REG. Mar. 11, 1953

REGISTRAR'S SIGNATURE Mary E. Laird

24. FUNERAL DIRECTOR J. Thomas Son, ADDRESS Denton, Md.

VS. A15 8-53

RECEIVED
MAR 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston - Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Howard's School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston - Rural
STREET ADDRESS (If rural, give location) Near Howard's School

3. NAME OF DECEASED (Type or Print): (First) Sherman (Middle) (Last) Flamer
4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Dec. 6, 1891
9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Caroline Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No data available
14. MOTHER'S MAIDEN NAME: Mary Beulah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-30-9963
17. INFORMANT AND ADDRESS: Mrs. Mary Flamer, Preston, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a) Myocarditis acute — Interval Between Onset and Death: few minutes,

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis Chronic — Several yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Samuel D Tracy Deputy Medical Examiner Ryland Md 3/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: March 30, 1953
NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery
LOCATION (City, town, or county) (State): Near Concord, Maryland

DATE REC'D BY LOCAL REG.: March 30, 1953
REGISTRAR'S SIGNATURE: Margaret M. Hampton
24. FUNERAL DIRECTOR ADDRESS: J.J.Framptom and Son, Federalsburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1953)

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Preston Road

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural give location) Preston Road

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Nelson (Last) McMahan

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 9, 1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. Frank McMahan

14. MOTHER'S MAIDEN NAME: Anna Andrews

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Corinne B. McMahan, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension DUE TO

(c)

Interval Between Onset And Death: (a) 2 days (b) 5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ,1952, to March 6, 1953, that I last saw the deceased alive on March 6, 1953, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE J. M. Anderson (Degree or title) M. D. ADDRESS Federalsburg, Maryland DATE SIGNED March 7, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: March 8, 1953 NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR: March 8 1953 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: J.J.Framptom and Son, Federalsburg, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg RD
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) Smithville

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Emma J. Neal

4. DATE OF DEATH (Month) (Day) (Year) March 10, 1953

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 5/28/1871
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sussex County Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME E. Washington Adams
14. MOTHER'S MAIDEN NAME Mary Fountain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS W. Edmond Neal Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Thrombosis	1 day
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	15 yrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Federalsburg (COUNTY) Caroline (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1953, to March 10, 1953, that I last saw the deceased alive on March 10 1953, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Smithgall M.D. ADDRESS Bridgeville, Delaware DATE SIGNED 3/11/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/13/53
NAME OF CEMETERY OR CREMATORY Bloomery
LOCATION (City, town, or county) (State) Federalsburg Rural Md.

DATE REC'D BY LOCAL REG. March 12, 1953
REGISTRAR'S SIGNATURE Everett Nuttle Deputy Registrar
24. FUNERAL DIRECTOR Harvey Williams ADDRESS Federalsburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (in this place) 5 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS West Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg - Rural
STREET ADDRESS (If rural give location) Near Bethel

3 NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) Annie (Last) Sorden

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: August 17, 1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11 BIRTHPLACE (State or foreign country): Sussex County, Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bayard Ricketts
14. MOTHER'S MAIDEN NAME: Annis Cannon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Mary O. Sorden, Federalsburg, Md., R.F.D.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1 Immediate cause (a) Coronary Thrombosis. — 1 hr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension - Generalized Arteriosclerosis — ?
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-14, 1953, to 3-18, 1953, that I last saw the deceased alive on 3-18, 1953, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE W. E. Lemmon (Degree or title) M. D. ADDRESS Federalsburg, Maryland DATE SIGNED March 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 20, 1953
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) (State) Near Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR March 20, 1953
REGISTRAR'S SIGNATURE Imogene [illegible]
24. FUNERAL DIRECTOR ADDRESS J.J.Framptom and Son, Federalsburg, Md.

RECEIVED
SEP 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 6-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Caroline MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Greensboro

LENGTH OF STAY (in this place): 1 1/2 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Greensboro

STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Toth

4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) Widowed

8. DATE OF BIRTH: 7/17/1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Hungary

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Nanai

14. MOTHER'S MAIDEN NAME: Elizabeth Varga

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Charles Toth Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis — 6 months

DUE TO

(c)

(260X)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5 years.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1953, to Mar. 28, 1953, that I last saw the deceased alive on Mar 27, 1953, and that death occurred at 10:15 Am., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Roland A. Wright MD Greensboro Md. Mar. 30, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/31/53

NAME OF CEMETERY OR CREMATORY: Greensboro

LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG.: Mar 31-1953

REGISTRAR'S SIGNATURE: L. MacPippin

24. FUNERAL DIRECTOR: R.B. Rawlings

ADDRESS: Greensboro, Md.

VS. A[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U2747

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Federalsburg - Rural
LENGTH OF STAY (in this place) 36 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Smithville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg - Rural
STREET ADDRESS (If rural give location) Smithville

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Walter (Last) Tucker
4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 2, 1870
9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Feed Mill
11. BIRTHPLACE (State or foreign country): Sussex County, Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Tucker
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Williams

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Percy W. Tucker, Federalsburg, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 2 hrs.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis — 5 yrs.
DUE TO

(c) 422.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1952, to 3/26, 1953, that I last saw the deceased alive on 3/26, 1953 and that death occurred at 12:05 P.m.; from the causes and on the date stated above.

SIGNATURE J. M. Anderson (Degree or title) M. D. ADDRESS Federalsburg, Maryland DATE SIGNED March 27, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 28, 1953
NAME OF CEMETERY OR CREMATORY Bloomery Cemetery
LOCATION (City, town, or county) (State) Near Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR March 27, 1953
REGISTRAR'S SIGNATURE Margaret N Trumpton
24. FUNERAL DIRECTOR ADDRESS J.J. Frampton and Son, Federalsburg, Md.

02748

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

COUNTY Caroline MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro

LENGTH OF STAY (in this place) 61 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro

STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Fletcher (Middle) (Last) Warner

4. DATE OF DEATH: (Month) 3 (Day) 5 (Year) 53

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, Widowed

8. DATE OF BIRTH: 6/18/1891

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Canning Factory Laboror

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harrison Warner

14. MOTHER'S MAIDEN NAME: Frances Mattie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-03-0463

17. INFORMANT & ADDRESS: Mollie Warner Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary Occlusion

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Arteriosclerotic Cardio Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 5, 1953, to Mar. 5, 1953, that I last saw the deceased alive on Mar 5, 1953, and that death occurred at 3 P. m. from the causes and on the date stated above.

SIGNATURE Charles H. Truesfe Jr. (DEGREE OR TITLE) ADDRESS Greensboro Md DATE SIGNED March 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3/9/53

NAME OF CEMETERY OR CREMATORY Cokers

LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REG. Mar. 9-1953

REGISTRAR'S SIGNATURE L. Mae Pippin

24. FUNERAL DIRECTOR J. E. Boulais - Greensboro Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston - Rural
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston - Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lee (Middle) Plummer (Last) Washington

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 15, 1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Washington
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: George Washington, Seaford, Delaware

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) DUE TO Chronic Passive Congestive Failure — Interval Between Onset And Death: 13 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arteriosclerotic Heart Disease — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24, 1950, to 3/16, 1953, that I last saw the deceased alive on 3/1, 1953, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE Lucy B Plummer (Degree or title) M.D. ADDRESS Preston Maryland DATE SIGNED 3/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 21, 1953
NAME OF CEMETERY OR CREMATORY Petersburg Cemetery
LOCATION (City, town, or county) (State) Near Hurlock, Maryland
DATE REC'D BY LOCAL REGISTRAR 3/19/53
REGISTRAR'S SIGNATURE Cornelia W. Plummer
24. FUNERAL DIRECTOR J.J.Frampton and Son, Federalsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02750

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) B. (Last) Weer

4. DATE OF DEATH: (Month) MARCH (Day) 30th (Year) 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Apr. 30th 1883.
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired teacher.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E. Weer
14. MOTHER'S MAIDEN NAME: Annie Mederith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hartley Weer, Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

590X

			Interval Between Onset and Death
Immediate cause	(a)	Myocarditis	Several months
Antecedent cause(s)	DUE TO (b)	Nephritis acute	4 wks
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	Influenza	2 wks

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 14, 1953, to April 30, 1953 that I last saw the deceased alive on 3/29, 1953 and that death occurred at 2:00 A.M., from the causes and on the date stated above.

SIGNATURE Lawson D. George (DEGREE OR TITLE) M.D. ADDRESS Denton Md DATE SIGNED 3/31/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Apr. 1st 53
NAME OF CEMETERY OR CREMATORY Kennedyville.
LOCATION (City, town, or county) Kent. (State) Md.

DATE REC'D BY LOCAL REG. 3/31/53
REGISTRAR'S SIGNATURE Wm D. George
24. FUNERAL DIRECTOR J. Virgil Moore & Son, ADDRESS Denton.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct message is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 2 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02751

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marydel — LENGTH OF STAY (in this place) 5 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marydel
HOSPITAL OR INSTITUTION OR STREET ADDRESS None	STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Ann (Last) Williams

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 53 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	White	Widowed	10/31 /1865	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Aber North Wales Great Briten	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Griffith Griffiths	Anna Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	Mary E, Hughes Marydel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Cerebral Hemorrhage c̄ hemiplegia — 3 da

DUE TO

Antecedent cause(s) (b) Arteriosclerotic Cardiovascular Disease

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) ▽ Hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 29, 1953, to Mar. 31, 1953, that I last saw the deceased alive on Mar. 30, 1953 and that death occurred at 1:55A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Charles H Turnage Md Greensboro Md March 31, 1953

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/4/53	Bangor	Bangor, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4/1/53	A C Smith	R. B. Rawlings Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45 8-5

RECEIVED
APR 6 1953
BUREAU V. S.